



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

LONGVIEW OCCUPATIONAL MEDICINE CLINIC
3202 NORTH 4TH SUITE 100
LONGVIEW TX 75605

Respondent Name

NEW HAMPSHIRE INSURANCE CO

Carrier's Austin Representative Box

Box Number 19

MFDR Tracking Number

M4-10-3777-01

MFDR Date Received

APRIL 26, 2010

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Chartis denied payt because pt had surgery 12/2009: Surgery performed by Dr. Langford. Dr. English is the WC treating MD & as such saw pt monthly to coordinate care per TWCC rule 180.22 as the treating MD, Dr. English referred pt to Dr. Langford. Per rule 180.22 Dr. English as treating MD was responsible for the overall care of this pt. & payment should be made."

Amount in Dispute: \$240.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary dated October 8, 2010: "The carrier received a request for additional information ...We are in the process of obtaining a copy of the contract."

Response Submitted by: Chartis

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 11, 2009 January 22, 2010 March 4, 2010	Office Visit – CPT Code 99213	\$240.00	\$240.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.203 effective March 1, 2008, sets the reimbursement guidelines for the disputes service.
3. 28 Texas Administrative Code §133.4 effective July 27, 2008 sets the guidelines for notification on contractual agreements.
4. 28 Texas Administrative Code §180.22 effective August 16, 2006 outlines the health care providers roles and responsibilities.

5. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- 59-Processed based on multiple or concurrent procedure rules.
- Z612-This bill was reviewed in accordance with your contract with First Health.
- X394-Our position remains the same if you disagree with our decision please contact the TWCC Medical Dispute Resolution.
- 18-Duplicate claim/service.
- U034-A charge was made for a visit on the same day as a surgical procedure, or within the 90 day follow up period of a previously performed surgery.

Issues

1. Was the workers' compensation insurance carrier entitled to pay the health care provider at a contracted rate?
2. Does the Medicare policy on post-operative global fee periods apply to the service in dispute?
3. Is the requestor entitled to reimbursement?

Findings

1. The insurance carrier reduced disputed services with reason code "Z612". Review of the submitted information found insufficient documentation to support that the disputed services were subject to a contractual fee arrangement between the parties to this dispute. Nevertheless, on September 28, 2010 the Division requested the respondent to provide a copy of the referenced contract as well as documentation to support notification to the healthcare provider, as required by 28 Texas Administrative Code §133.4, that the insurance carrier had been given access to the contracted fee arrangement. Review of the submitted information finds that the documentation does not support notification to the healthcare provider in the time and manner required. The Division concludes that pursuant to §133.4(g), the insurance carrier is not entitled to pay the health care provider at a contracted fee. Consequently, per §133.4(h), the disputed services will be reviewed for payment in accordance with applicable Division rules and fee guidelines.

2. According to the explanation of benefits, the respondent denied reimbursement for the disputed office visits based upon reason code "U034-A charge was made for a visit on the same day as a surgical procedure, or within the 90 day follow up period of a previously performed surgery."

According to CMS Surgical Manual "Outpatient visits during the postoperative period are allowed during a global fee period if the claim documentation demonstrates that the visit is for a diagnosis unrelated to the original surgery. Use modifier 24 in this situation." "Office visits during the postoperative period are not covered unless they are submitted with modifier 24 to indicate they are unrelated to the surgery. Modifier 24 is primarily for use only by the surgeon. A different diagnosis code may be sufficient to show the procedure is unrelated to the surgery; however, it may not be required. Documentation submitted should fully explain how the E/M [Evaluation and Management] service is unrelated to the surgical procedure."

A review of the submitted documentation does not list the codes used for the knee surgery performed in December 2009. The Division contacted the respondent's representative, Jennifer Burns, for clarification of the procedure codes to determine the postoperative global fee period. Ms. Burns wrote "it appears the code was 99213." CPT code 99213 does not have a postoperative global fee period. Therefore, the respondent's denial based upon "U034" is not supported.

3. Per 28 Texas Administrative Code §134.203(c)(1)(2), "To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.

(1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32.

(2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year. The following hypothetical example illustrates this annual adjustment activity if the Division had been using this MEI annual percentage adjustment: The 2006 Division conversion factor of \$50.83 (with the exception of surgery) would have been multiplied by the 2007 MEI annual percentage increase of 2.1 percent, resulting in the \$51.90 (with the exception of surgery) Division conversion factor in 2007."

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Participating Amount = Maximum Allowable Reimbursement (MAR).

- The 2009 DWC conversion factor for this service is 53.68.

The Medicare Conversion Factor is 36.0666.

Review of Box 32 on the CMS-1500 the services were rendered in zip code 75605, which is located in Longview, Texas; therefore, the Medicare participating amount will be based on Rest of Texas.

The Medicare participating amount for code 99213 in 2009 is \$58.11

Using the above formula, the MAR is \$86.49. The requestor is seeking \$80.00; this amount is recommended for reimbursement for date of service December 11, 2009.

- The 2010 DWC conversion factor for this service is 54.32.

The Medicare Conversion Factor is 36.8729

The Medicare participating amount for code 99213 in 2010 is \$63.71.

Using the above formula, the MAR is \$93.86 per date. The requestor is seeking \$80.00 per date; therefore, $\$80.00 \times 2 = \160.00 . This amount is recommended for reimbursement for dates of service January 22 and March 4, 2010.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$240.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$240.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

_____	_____	12/04/2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.